MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10)

06914

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
County Worcester (LIMITS OF)
City or town Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 Mos 1 Dy

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Ella Beckett

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife ✓
6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Feb. 3 1940

8. AGE: Years | Months 4 | Days 1 | If less than one day ____ hrs. ____ min

9. Birthplace Snow Hill Worcester Md
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business

FATHER
12. Name Leon Harmon
13. Birthplace Maryland

MOTHER
14. Maiden name Virginia Beckett
15. Birthplace Maryland

16. Informant Virginia Beckett
Address Snow Hill Md

17. Burial Date thereof June 3 40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Baptist
Location Snow Hill Md

18. Funeral director Pearse & Dennis
Address Snow Hill Md

19. 6/3 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 8:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 1940, to June 2 1940, and that I last saw her alive on June 2 1940.

Immediate cause of death: Lobar Pneumonia (Double) — DURATION 14 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. Sherwood Ferris M. D. or other
Address Snow Hill, Md. Date signed 6/3/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

06915

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Worcester
City or town near Ocean City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: none
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.R.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Edwin B. Costen

3. (b) Social Security Number

4. Sex male | **5. Color or race** white | **6.(a) Single, married, widowed, or divorced** married

B (b) Name of husband or wife Hattie Costen

6(c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) March 18 1908

8. AGE: Years 32 | Months 2 | Days 28 | If less than one day — hrs. — min.

9. Birthplace Berlin R.R. Md
(Town, county, and state)

10. Usual occupation Farmer & Carpenter

11. Industry or business —

FATHER
12. Name George Costen
13. Birthplace Maryland

MOTHER
14. Maiden name Elizabeth Powell
15. Birthplace Maryland

16. Informant Mrs Hattie Costen
Address Bishop R.R. Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof June 18 '40 (month) (day) (year)
Cemetery or crematory Odd Fellows Cemetery
Location Bishopville Md

18. Funeral director M Pasha Watson
Address Salisbury Dec.

19. 6-17- 1940 (Date rec'd by registrar) Irving S. Mumford Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 12:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—; and that I last saw h— alive on — 19—.

Immediate cause of death Drowning accidental — DURATION —

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Ex. M. D. or other
Address Snow Hill Md Date signed 6/16/40

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JUL 3 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

66916

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Annie E. Collins

3. (b) Social Security Number 219-05-3880

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of ~~husband or wife~~ wife Henry W. Collins

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 19 1881

8. AGE: Years 58 Months 9 Days 5 If less than one day ___ hrs. ___ min.

8. Birthplace Snow Hill Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Talbert Burke

13. Birthplace Snow Hill Md

MOTHER 14. Maiden name unknown

15. Birthplace —

16. Informant George Collins

Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26/40 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Sudlatrice

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 6/25 1940 LeRoy Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 6a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ___, to — 19 ___, and that I last saw h — alive on — 19 ___

Immediate cause of death: Carcinoma of intestines — DURATION 1 yr.

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Ex M. D. or other

Address Snow Hill Md Date signed 6/24/40

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JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

06917

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: ✓

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Worcester

City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: F. Olive Davis

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: J. Byrd Davis

6.(c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.): Aug. 11, 1911

8. AGE: Years 28 | Months 10 | Days 2 | If less than one day ..... hrs. ..... min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: ✓

FATHER
12. Name: Joseph H. Esham
13. Birthplace: Md.

MOTHER
14. Maiden name: Jennie Dowell
15. Birthplace: Md.

16. Informant: J. Byrd Davis
Address: Berlin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 16, 1940 (month) (day) (year)

Cemetery or crematory: Evergreen

Location: Berlin Md.

18. Funeral director: J. W. Burbage
Address: Berlin Md.

19. 7-15- 1940 (Date rec'd by registrar) Helen F. Hayward, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 13 1940 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st 1937, to June 13 1940 and that I last saw her alive on June 13 1940

Immediate cause of death: Chronic myocarditis — DURATION: 3 yrs

Due to: Rheumatic Heart Disease — 5 yrs.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frederick S. Nicoll, M.D. (M. D. or other)

Address: Berlin, Md. Date signed: 6-13-40

VS A15 (L) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

WITHIN CORPORATE LIMITS OF

06918

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke City Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Pocomoke City Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 911 South St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Dickerson

3. (b) Social Security Number

4. Sex F | 5. Color or race C | 6.(a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife Horace Dickerson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years about 75 | Months | Days | If less than one day hrs. min.

9. Birthplace Jenkins Bridge Va
(Town, county, and state)

10. Usual occupation Cook

11. Industry or business Private families

FATHER 12. Name Lowry Parker
13. Birthplace Va

MOTHER 14. Maiden name Mary Taylor
15. Birthplace

16. Informant Noah Dutton
Address Pocomoke City Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 26, 1940
(month) (day) (year)
Cemetery or crematory Halls Hill Cemetery
Location Pocomoke City, Md

18. Funeral director Margarette M. Watson
Address Pocomoke City, Md

19. June 26 1940 Arnold E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 1940, at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13th 1940, to June 24 1940, and that I last saw her alive on June 24 1940

	DURATION
Immediate cause of death [redacted] of Rectum	
Due to Contributory Carcinoma of Rectum and adjacent parts	2 mos.
Due to	
Other conditions Senility Arteriosclerosis	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [illegible] M. D., or other
Address Pocomoke City Date signed 6/24/40

RECEIVED
JUL 5 1940
BUREAU V. S.

Dr Parker, Pocomoke, Va

06919

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131 2)

1. PLACE OF DEATH

County Worcester Registration Dist. No. 350

Village or City Pocomoke WITHIN CORPORATE LIMITS OF No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence George Glenn If U. S. Veteran, specify WAR

(a) Residence: No. 501 Laurel St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Amanda Glenn

6. DATE OF BIRTH (month, day, and year) August 15th 1908

7. AGE Years 31 Months 10 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. — Day laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chincoteague, Va (State or country)

FATHER

13. NAME David Glenn

14. BIRTHPLACE (city or town) Daughterty Va (State or country)

MOTHER

15. MAIDEN NAME Mary Brinney.

16. BIRTHPLACE (city or town) Chincoteague, Va (State or country)

17. INFORMANT Amanda Glenn (Address) 501 Laurel St. Pocomoke, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Chincoteague, Va Date June 30th, 1940

19. UNDERTAKER J. Edgar Thomas. (Address) Accomac, Va

20. FILED June 30, 1940 Anne E. White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 27th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1940, to June 27, 1940

I last saw ~~him~~ alive on June 26, 1940; death is said to have occurred on the date stated above, at 5:15 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
See Remarks on opposite side.	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. Parker M. D.

(Address) Pocomoke City, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Bat. 2:00 P.M.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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JUL 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Patient first seen by me 9 hrs prior to death and definite diagnosis was not made - From history and appearance I believe he had a chronic kidney (nephritis) and an acute myocarditis. If any thing further I did not make it out on my first and only examination - A A Parker MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

06920

CERTIFICATE OF DEATH

Reg. Diat. No. 354

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Worcester

City or town Near Stockton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 33 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Near Stockton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME John C. Hickman

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Melissa Hickman

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 24 - 1860

8. AGE:

Years	Months	Days	If less than one day
80	0	7	____ hrs. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER 12. Name John E. Hickman

13. Birthplace Virginia

MOTHER 14. Maiden name Matilda Wells

15. Birthplace Virginia

16. Informant Henry P. Hickman

Address Stockton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 4, 1940 (month) (day) (year)

Cemetery or crematory Portersville Cemetery

Location near Stockton

18. Funeral director Margaretta H. Watson

Address Pocomoke City, Md.

19. June 3 1940 (Date rec'd by registrar) Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31 to June 1 1940, and that I last saw h alive on May 31 1940.

Immediate cause of death	DURATION
Myocardial degeneration	2 yrs
Due to ✓	
Due to ✓	
Other conditions ✓	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Pritchett M. D. or other

Address Near Stockton Date signed 6-2-40

RECEIVED
JUL 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94-E) CB 06921

CERTIFICATE OF DEATH

Reg. Dist. No. 35-2

1. PLACE OF DEATH:

County: Worcester

City or town: Ocean City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1-day

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Del. County: Kent

City or town: Dover
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war: U.S. N.R. Force

3. (a) FULL NAME: Alfred Raig Peacock Peacock

3. (b) Social Security Number: 164-12-8622

4. Sex: Male

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married ~~Single~~

6.(b) Name of husband or wife: Mrs. Helen S. Peacock

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Oct. 28, 1894

8. AGE: Years 45 | Months 7 | Days 29 | If less than one day ..... hrs. ..... min.

9. Birthplace: Va (Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: —

FATHER
12. Name: Algernon R. Peacock
13. Birthplace: Va

MOTHER
14. Maiden name: Sadie Riley
15. Birthplace: Va

16. Informant: Blair Peacock

Address: Phila Va.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: July 2, 1940 (month) (day) (year)

Cemetery or crematory: Chelthorne Cemetery

Location: Phila Va.

18. Funeral director: J. W. Burbage

Address: Berlin Md.

19. 6/28 1940 (Date rec'd by registrar) I. S. Mumford Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Ocean City Md 1940 at 11-45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27/40 to June 27 1940 and that I last saw him alive on June 27/40 19

Immediate cause of death: Angina Pectoris — DURATION: 20 minutes

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: F. J. Loconsend M.D. M. D. or other

Address: Ocean City Md Date signed June 28/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Authorization & change item 6 see letter filed under Hayward in permanent file. 7/6/40 A.B.

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (176)

CERTIFICATE OF DEATH

06922

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Near Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Beaver Dam Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ~~205-10-3845~~

3. (a) FULL NAME: John W. Savage

3. (b) Social Security Number: 205-10-3845

4. Sex	5. Color or race	6.(a) Single, married, widowed or divorced
Mal	White	Married

6 (b) Name of husband or wife: Margaret Savage
6(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): October 26, 1879

8. AGE:

Years	Months	Days	If less than one day
60	7	25	hrs. min.

9. Birthplace: Modestown, Accomac, Va
(Town, county, and state)
10. Usual occupation: Mill-worker
11. Industry or business

FATHER
12. Name: John Savage
13. Birthplace: Va.

MOTHER
14. Maiden name: Polly Summers
15. Birthplace: Va

16. Informant: Mrs. Margaret Savage
Address: Beaver Dam, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 23, 1940 (month) (day) (year)
Cemetery or cremetory: Parksley Cemetery
Location: Parksley, Virginia

18. Funeral director: Margbutter H. Watson
Address: Pocomoke City, Md.

19. June 22nd 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21 1940, at 6:20 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw h— alive on — 19—.

Immediate cause of death	DURATION
Broken neck accident	
Due to Hit by a board in a saw mill	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of June 21 40
Where did injury occur? Beaver Dam (City or town) Worcester (County) Md (State)
Injured at home, farm, industry, public place (where?): Industry
Means of injury: Struck by board Injured at work? Yes

23. SIGNATURE: John L. Riley Dep. Med Ex M. D. or other
Address: Snow Hill Md Date signed 6/22/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06923

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Near Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): About 47 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Near Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: William Henry Ward

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Mary C. Ward

6(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): September 16, 1892

8. AGE:

Years	Months	Days	If less than one day
47	9	5	____ hrs. ____ min.

9. Birthplace: Near Pocomoke-Worcester-Md
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: Addison Ward
13. Birthplace: Accomac County, Va.

MOTHER
14. Maiden name: Julia Benson
15. Birthplace: Accomac County, Va.

16. Informant: Addison Ward,
Address: Pocomoke City, Md. RFD # 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6 (month) 23 (day) 40 (year)

Cemetery or crematory: St. James Cemetery

Location: Pocomoke City, Md. RFD #2

18. Funeral director: John A. Bradshaw

Address: Pocomoke City, Md.

19. June 23 1940 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21 1940, at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 1940, to June 21 1940, and that I last saw him alive on June 20 1940.

Immediate cause of death	DURATION
Myocardial degeneration	
Due to	
Due to Chronic Nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: C. E. Chatfield M. D. or other

Address: Date signed: 6-21-40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

06924

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH

County Worcester

City or town Snow Hill — Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 yr 6 Mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Worcester

City or town Snow Hill Md Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Grover C. Young

3. (b) Social Security Number 218-05-8496

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife Lena Young

6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Sept. 19 - 1875

8. AGE: Years 64 Months 8 Days 17 If less than one day hrs. min.

9. Birthplace Accomac County Virginia
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Mrs Mildred Jones

Address Snow Hill Md Rural #1

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof June 9/40
(month) (day) (year)

Cemetery or crematory

Location Accomac Virginia

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 6/8 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1937, to June 6 1940, and that I last saw him alive on June 6 1940.

Immediate cause of death Mitral regurgitation — DURATION doesn't know

Due to chronic interstitial nephritis — doesn't know

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. Sherwood Ferris, M.D.
M. D. or other

Address Snow Hill, Md Date signed 6/7/40

RECEIVED
JUL 5 1940
BUREAU